

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04091

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		
Somerset MARYLAND			Maryland COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
Chance			Chance		
LENGTH OF STAY (in this place)			STREET ADDRESS		
Lifetime			None (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) John (Middle) H. (Last) Beckett			April 25, 1951		
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	
Male		Colored		Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
Waterman			Oysters & Crabs		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John Beckett			Elizabeth Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
NO			None		
17. INFORMANT AND ADDRESS			18. MEDICAL CERTIFICATION		
Evelyn Jones, Chance, Maryland					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause			5 Days		
(a) Cerebral Haemorrhage					
Antecedent cause(s)			6 months		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
(b) Hypertension					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
			20. AUTOPSY?		
21. ACCIDENT SUICIDE HOMICIDE (Specify)			(CITY OR TOWN) (COUNTY) (STATE)		
PLACE (Home, farm, factory, street, OF office bldg., etc.)					
INJURY					
TIME (Month) (Day) (Year) (Hour)			HOW DID INJURY OCCUR?		
OF INJURY m.			While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from April 23, 1951, to April 25, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.			ADDRESS DATE SIGNED		
SIGNATURE			Evelyn G. Mawson		
23. BURIAL, CREMATION REMOVAL (Specify)			NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)		
DATE THEREOF			Chance Cemetery Chance, Maryland		
DATE REC'D BY LOCAL REG. 4/29/51			REGISTRAR'S SIGNATURE		
24. FUNERAL DIRECTOR			ADDRESS		
Kolard Sheally			Bradshaw Funeral Parlors, Crisfield		
910 186					



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04092

Reg. Dist. No. 261

CERTIFICATE OF DEATH

Somerset

Marion Station Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- CITY TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY TOWN	
Marion Station		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
John Henry Bell		April 16 51	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
4. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Colored	Married	Dec 15 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months Days Hours Min.	11. BIRTHPLACE (State or foreign country)
House work		68 yrs.	Marion Station
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?	
Horsey Bell	Sue Gourl		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
no		Sam Bell, Marion, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Acute Dilatation of heart Uremia

4222 Antecedent cause(s) (b) Chronic Hypertension - Chronic Int.

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last (c) Nephritis - Enlarged Prostate Cryptitis 2 or 3 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1951, to April 16, 1951, that I last saw the deceased
alive on April 14, 1951, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR Crematory	LOCATION (City, town, or county) (State)
Rural	April 19/51	Mount Perry	Marion, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/51	Betty Massey	George Lighman	Marion, Md. 036 W



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04693

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Somerset		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
Emma Catherine Blake		Oct 4 1951	
5. SEX		6. COLOR OR RACE	
Female		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Married		Apr 30, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Domestic		W.W.	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
James Holland		Fairmount, Md. U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		16. SOCIAL SECURITY NO.	
no		17. INFORMANT	
18. MEDICAL CERTIFICATION		19. DATE OF OPERATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		19b. MAJOR FINDINGS OF OPERATION	
Immediate cause (a) Myocardial failure		20. AUTOPSY?	
Antecedent cause(s) (b) Coronary Insufficiency		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		21. ACCIDENT SUICIDE HOMICIDE	
94a		(Specify) PLACE (Home, farm, factory, street, OF INJURY (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
m.			
22. I hereby certify that I attended the deceased from Jan 1 st , 1951, to April 4 th , 1951, that I last saw the deceased alive on April 3, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.		SIGNATURE ADDRESS DATE SIGNED	
B. Miles M.D.		Bruce B. Miles, M.D. 1951	
23. BURIAL, CREMATION OR REMOVAL (Specify)		DATE NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) REG. Apr 6, 1951 B.C. Cemetery Upper Fairmount, Md. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
Apr 6, 1951		R. S. Johnson, M.D.	
24. FUNERAL DIRECTOR		ADDRESS	
Harry B. Miles		Upper Fairmount 220826 Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04094

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MARYLAND COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	
LENGTH OF STAY (in this place) life		STREET ADDRESS Lawsonia Section (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section		4. DATE OF DEATH Apr. 5, 1951 (Month) (Day) (Year)	
3. NAME OF DECEASED (First) EARL (Middle) A. (Last) BRITTINGHAM		5. SEX male 6. COLOR OR RACE colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 8. DATE OF BIRTH Aug. 8, 1918 9. AGE last birthday 32 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Seafood 11. BIRTHPLACE (State or foreign country) Crisfield, Maryland 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alex Brittingham		14. MOTHER'S MAIDEN NAME Bertie Cloyde	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-07-7080 17. INFORMANT AND ADDRESS Lawsonia Section Lois Brittingham-Crisfield, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause Acute Cor Pulmonale		INTERVAL BETWEEN ONSET AND DEATH 8 hours	
Antecedent cause(s) Pulmonary tuberculosis		3 months	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> (CITY OR TOWN) Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 27, 1950 , to Apr. 5, 1951 , that I last saw the deceased alive on Apr. 5, 1951 , and that death occurred at 5:40 p.m. , from the causes and on the date stated above. SIGNATURE Harry Mattay M.D. ADDRESS Crisfield Md. DATE SIGNED Apr. 9, 1951			
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF Apr. 9, 1951 NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery LOCATION (City, town, or county) Crisfield, Maryland (State)	
DATE REC'D BY LOCAL REG. 4/9/51		REGISTRAR'S SIGNATURE Betty W. Tyler 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS	

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04095

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
COUNTY Somerset		STATE MARYLAND COUNTY Somerset	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) all life	
3. NAME OF DECEASED (Type or Print)		(First) Nora	(Middle) Alice
4. DATE OF DEATH		(Last) Hobbrook	(Month) April
5. SEX		6. COLOR OR RACE	
F		B	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
married June 21 1895		9. AGE last birthday 56 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
housework		housewife	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Arthur Smith		Mt. Vernon, Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
no		219-07-1402	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
14. MOTHER'S MAIDEN NAME		Matilda Jones	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 14, 1951, to April 15, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Burial		NAME OF CEMETERY OR CREMATORIAL April 17, 1951, St Paul Cemetery	
DATE REC'D BY LOCAL REG.		LOCATION (City, town, or county) Mt. Vernon, Md.	
		(State)	
		24. FUNERAL DIRECTOR	
4/17/51		ADDRESS R. S. Johnson, M.D., Dale Rachell Princess Anne	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T

VS. A15

RECEIVED

APR 19 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04096

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Crisfield		LENGTH OF STAY (In this place) 1 day		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Baby Herman Monroe	(Middle)	(Last) HORSEY	4. DATE OF DEATH April 23	(Month) (Day) (Year) 1951
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH April 22, 1951	9. AGE last birthday yrs. 1	If under 1 year Months 1 If under 24 hrs. Hours 1 Mln. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Herman Horsey		14. MOTHER'S MAIDEN NAME Elsie Evans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 776X		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Herman Horsey--Crisfield, Md.	
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Premature birth Antecedent cause(s) 776X Diseases or conditions, if any, (b) 159 giving rise to the above cause stating the underlying cause last (c)					
INTERVAL BETWEEN ONSET AND DEATH 1 day					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	White at m. Work	Not White At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 22, 1951, to April 23, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 12:00 a.m. from the causes and on the date stated above. SIGNATURE <i>Sarah M. Peyton</i> (Degree or title) <i>M.D.</i> ADDRESS <i>Crisfield, Md.</i> DATE SIGNED <i>Apr. 23, 1951</i>					
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Apr. 23, 1951	NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery	LOCATION (City, town, or county) Crisfield, Md. (State)		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield		
ADDRESS					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.
is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04097

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <i>Baltimore</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Dames Quarter</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Dames Quarter</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <i>(If rural, give location)</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Becky</i>	(Middle) <i>Lee</i>	(Last) <i>Jones</i>
4. DATE OF DEATH <i>April 2</i>	(Month) <i>April</i>	(Day) <i>2</i>	(Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 7 1932</i>
9. AGE last birthday yrs. <i>19</i>	10. KIND OF BUSINESS OR INDUSTRY <i>Labor</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Luther Jones</i>	14. MOTHER'S MAIDEN NAME <i>Ruth Ruxbury</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>214-28-7967</i>		17. INFORMANT AND ADDRESS <i>Luther Jones Dames Quarter Md</i>	
18. MEDICAL CERTIFICATION <i>Heart Condition</i>			

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>4343 Immediate cause (a) Heart Condition</i>				INTERVAL BETWEEN ONSET AND DEATH
95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Physical Ruborcular in the case reported 46-51 are</i>				
19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>Physical Ruborcular in the case reported 46-51 are</i>			20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. ACCIDENT SUICIDE HOMICIDE <i>No</i>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>No injury</i>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>One afternoon</i> to <i>1951</i> that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>5:00 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>T. J. Smith M.D.</i> ADDRESS <i>Princess Anne Md</i> DATE SIGNED <i>1951</i>				
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>4-4-1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Dames Quarter Cemetery</i>	LOCATION (City, town, or county) <i>Dames Quarter, Md.</i>	(State)
DATE REC'D. BY LOCAL REG. <i>4/4/51</i>	REGISTRAR'S SIGNATURE <i>R. Johnson, M.D.</i>	24. FUNERAL DIRECTOR ADDRESS <i>Lewis R. Nelson</i>		
92 Princess Anne, Md. 290358				



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04699

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH. CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN			2. USUAL RESIDENCE (HOME) OF DECEASED. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		
COUNTY Somerset MARYLAND			STATE Maryland COUNTY Somerset		
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital			STREET ADDRESS 310 Pine St. (If rural, give location)		
3. NAME OF DECEASED (Type or Print) ALICE CORA LANDON			4. DATE (Month) (Day) (Year) OF DEATH Apr. 2, 1951 19		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single	8. DATE OF BIRTH Sept. 19, 1877	9. AGE last birthday 73 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William H. Landon			14. MOTHER'S MAIDEN NAME Martha Jane Riggan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Mrs. Frances Reese-Crisfield, Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Secondary anemia & cæcina</p> <p>151X Antecedent cause(s) (b) Carcinoma of stomach</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</p> <p>468 (c) Metastasis to liver, spleen, bone</p> <p>Arteriosclerotic Heart Disease</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August, 1950, to April, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 12 noon, from the causes and on the date stated above.					
SIGNATURE (Degree or title) ADDRESS DATE SIGNED Alberta Malcarney Mattax M.D. April 4, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Apr. 5, 1951		NAME OF CEMETERY OR CREMATORIAL Crisfield Cemetery	
LOCATION (City, town, or county) Crisfield, Md. (State)					
DATE REC'D BY LOCAL REG. 4/5/51		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

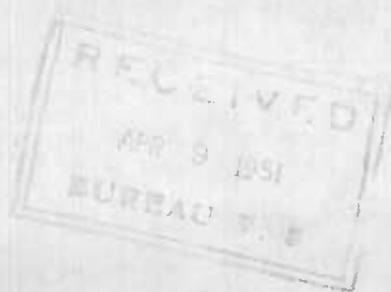
04190

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE		COUNTY			
Somerset		CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
		TOWN C RISFIELD		7 years		OR TOWN Rural Marion			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		McCready Hospital		STREET ADDRESS		(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) MARY	(Middle) PRISCILLA	(Last) LANKFORD	4. DATE OF DEATH		(Month) Apr. 3, 1951	(Day) 19	(Year)
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday		If under 1 year Months	If under 24 hrs Days	If under 19 Hours
female		white	Widowed	Mar. 9, 1875	76 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
housewife		domestic		Marion R.F.D., Maryland					
13. FATHER'S NAME		George Pope		14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS					
(If yes, give war or dates of service)				Robert L. Lankford--Marion R.F.D., Id.					
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
Immediate cause		(a) Multiple Cerebral Emboli with Cerebral Paralysis Complete							
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) (c)							
83b									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY									
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
m.									
22. I hereby certify that I attended the deceased from <u>Dec. 23, 1950</u> , to <u>April 3, 1951</u> , that I last saw the deceased alive on <u>April 3, 1951</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.									
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED			
<u>DeRawley M. M.</u>				<u>Crisfield Md</u>					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIY		LOCATION (City, town, or county)		(State)	
Burial		Apr. 5, 1951		St. Paul's Cemetery		Marion, Maryland			
DATE REC'D BY LOCAL REG. 4/5/51		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
		<u>Betty W. Tyler</u>		Bradshaw Funeral Parlors, Crisfield					

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04101

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Princess Anne		Princess Anne		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
Male	Col	William	Lawford	April	8	1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours
		Widowed	4-12-1880	70	yrs.	Days	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Habour	Farmer	Somerset County		U.S.A.			
13. FATHER'S NAME	John Hall		14. MOTHER'S MAIDEN NAME	Mary Lawford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION			
No	213-18-3851A	A. George Lawford, Princess Anne					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Gastrointestinal haemorrhage 4 weeks							
331X Antecedent cause(s) (b) Hypertension 1 year							
83a Diseases or conditions, if any, giving rise to the above cause (c) stating the underlying cause last							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)
INJURY							
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from March 10, 1951, to April 8th, 1951, that I last saw the deceased alive on April 7th, 1951, and that death occurred at 1:00 P.M., from the causes and on the date stated above.							
SIGNATURE: <i>Eldore S. Mansoor</i> (Degree or title) ADDRESS DATE SIGNED				DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL PLACE		LOCATION (City, town or county)		(State)	
Burial	4-12-51	Mt. Hope		Princess Anne		Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	R. S. Johnson, M.D.		24. FUNERAL DIRECTOR	ADDRESS		
4/13/51				William H. James Jr.	Princess Anne, Md.		
829105							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04102

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTRY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Mifflinfield		LENGTH OF STAY (in this place) 25 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke		(If rural, give location) STREET ADDRESS Rural # 1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital							
3. NAME OF DECEASED (Type or Print)	(First) CRESTON	(Middle) S.	(Last) LONG	4. DATE OF DEATH	(Month) Apr 15, 1951	(Day) 19	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr 28 1905	9. AGE last birthday 45 yrs.	If under 1 year Months	If under 24 hrs. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (own)		10b. KIND OF BUSINESS OR INDUSTRY Poultry	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY US			
13. FATHER'S NAME Thomas J. Long		14. MOTHER'S MAIDEN NAME Mary Powell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Allan Long, Pocomoke, Md.			

18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
592X Immediate cause		(a) Acute diet & Herid. Weakness					
13/a Antecedent cause(s)		(b) Acute Septic. Acute nephritis					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) Chronic diet nephritis Chronic nephritis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death							
19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION now					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)		(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		(STATE)

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on April 14, 1951, and that death occurred at 12:00 M.m., from the causes and on the date stated above.							
SIGNATURE George Conklin Jr.		(Degree or title)		ADDRESS Rehoboth, Md.		DATE SIGNED Apr 14, 1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 4/20/51		NAME OF CEMETERY OR CREMATORIAL Presbyterian Cemetery		LOCATION (City, town, or county) Rehoboth, Md.	
DATE REC'D BY LOCAL REG. 4/19/51		REGISTRAR'S SIGNATURE Betty Massey		24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		ADDRESS 100105	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



04103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH. COUNTY Somerset			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Somerset		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marion			STREET ADDRESS Marion (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) WESLEY	(Last) MADDOX	4. DATE OF DEATH	(Month) Apr. 1, 1951 (Day) 19
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1868	9. AGE last birthday 82 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (State or foreign country) Marion R.F.D., Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin S. Haddox			14. MOTHER'S MAIDEN NAME Mary Elizabeth Hickman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Mrs. Emily Williams-Marion R.F.D. Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Arteria aorta of Head*INTERVAL BETWEEN
ONSET AND DEATH

2 months

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) *Gumul arteria Sclera*

2 years

552

(c) *Arteria aorta of Head*

2 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.*Arteria aorta of Head*

2 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1950, to Apr. 1, 1951, that I last saw the deceased
alive on Apr. 31, 1951, and that death occurred at 9:55 a.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Apr. 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Apr. 3, 1951	NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery	LOCATION (City, town, or county) Marion, Maryland	(State)
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

04104

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH. COUNTY <u>Somerset</u>			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>MARYLAND</u> COUNTY <u>Somerset</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>		
LENGTH OF STAY (in this place) <u>life</u>			STREET ADDRESS <u>12 E. Maryland Ave.</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>12 E. Maryland Ave.</u>					
3. NAME OF DECEASED (Type or Print)	(First) <u>SARAH</u>	(Middle) <u>CATHERINE</u>	(Last) <u>MATTHEWS</u>	4. DATE OF DEATH	(Month) <u>Apr.</u> (Day) <u>2, 1951</u> (Year) <u>19</u>
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Mar. 9, 1917</u>	9. AGE last birthday 34 yrs.	If under 1 year Months Days Hours MIn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Tangier, Virginia</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Harvey McCready</u>			14. MOTHER'S MAIDEN NAME <u>Sadie Dize</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>Charles Matthews-- Crisfield, Md.</u>		
17. INFORMANT AND ADDRESS <u>12 E. Maryland Ave.</u>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Myocardial failure

immediately

Antecedent cause(s)

(b) Percarditis -

2 mos.

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(c) Rheumatic heart disease

3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Apr. 2, 1951, that I last saw the deceasedalive on Mar. 29, 1951, and that death occurred at 6:30 a.m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) buried	DATE THEREOF <u>Apr. 4, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Asbury Cemetery</u>	LOCATION (City, town, or county) <u>Crisfield, Md.</u> (State)
DATE REC'D. BY LOCAL REG. <u>4/4/51</u>	REGISTRAR'S SIGNATURE <u>Beth. W. Tyler</u>	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04105

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY Somerset			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Pocomoke			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3 (Rural)			STREET ADDRESS Rural, Route 2 (If rural, give location)		
3. NAME OF DECEASED (Type or Print) SARAH		(First) (Middle) H.	(Last) MATTHEWS		4. DATE OF DEATH April 1, 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Apr 30, 1864	9. AGE last birthday 86 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY US	
13. FATHER'S NAME George C. Powell		14. MOTHER'S MAIDEN NAME Elizabeth Dryden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Eugene Matthews, Pocomoke, Md.	

18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Acute Sce of Heart Disease</p> <p>Antecedent cause(s) (b) Chronic but replete Chronic Myocarditis</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Circumsta of Malaria Reg R Side</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION mm		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify) no		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <u>Apr 1</u> , 1951, to <u>Apr 1</u> , 1951, that I last saw the deceased alive on <u>Apr 31</u> , 1951, and that death occurred at <u>5 AM</u> , from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 4/4/51	NAME OF CEMETERY OR CREMATORIAL Presbyterian Cemetery	LOCATION (City, town, or county) Rehoboth	(State) Md.
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

04106

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH. COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MARYLAND COUNTY Somerset															
CITY (If outside corporate limits, write RURAL and OR give nearest town) Crisfield		LENGTH OF STAY (in this place) life															
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		STREET ADDRESS Rt. # 1 (If rural, give location)															
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 1		4. DATE (Month) (Day) (Year) OF DEATH Apr. 19, 1951															
3. NAME OF DECEASED (Type or Print) FRANK		5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH Sept. 16, 1878		9. AGE last birthday 72 yrs.		10. KIND OF BUSINESS OR INDUSTRY Farm owner		11. BIRTHPLACE (State or foreign country) near Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		13. FATHER'S NAME William B. Morris		14. MOTHER'S MAIDEN NAME Laggie Ward													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Ralph Morris-- Rt. #1-Crisfield, Md.													
18. MEDICAL CERTIFICATION																	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH																	
Immediate cause (a) Acute Disseminated Encephalitis																	
Antecedent cause(s) (b) Diabetes mellitus																	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic I.V. nephritis																	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																	
19a. DATE OF OPERATION Mar.		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No													
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)													
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? Punctured foot with nail 2 months prior													
22. I hereby certify that I attended the deceased from Apr. 24, 1951 , to Apr. 19, 1951 , that I last saw the deceased alive on Apr. 24, 1951 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above. SIGNATURE George O'Dellburn M.D. ADDRESS Marion St. 205 DATE SIGNED Apr. 25, 1951																	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Apr. 22, 1951		NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery		LOCATION (City, town, or county) (State) Marion, Maryland											
DATE REC'D BY LOCAL REG. April 20, 1951		REG. VS. A.15		REG. Betty Massey		24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield											
REG. 100105																	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04107

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY <u>Somerset</u>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Somerset</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>		
LENGTH OF STAY (in this place) <u>70 years</u>			STREET ADDRESS <u>Lawsenia Section</u>		
3. NAME OF DECEASED (Type or Print) <u>HATTIE</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>Apr. 13, 1951</u>		
(First) <u>HATTIE</u> (Middle) <u>HAYWOOD</u> (Last) <u>NELSON</u>			5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>WIDOWED</u>		
8. DATE OF BIRTH <u>Nov. 5, 1870</u>			9. AGE last birthday <u>80</u> yrs. If under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Matthews County, Virginia</u> 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Washington Haywood</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>Alonzo W. Nelson--Crisfield, Md.</u>		
17. INFORMANT AND ADDRESS					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Pulmonary Tuberculosis</u> (a) Antecedent cause(s) <u>Arterosclerotic heart disease</u> (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arterosclerotic heart disease</u> (c) 13b <u>Arterosclerotic heart disease</u> <u>10 yr.</u> <u>years</u> <u>years</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1950</u> , to <u>Apr. 13, 1951</u> , that I last saw the deceased alive on <u>Apr. 13, 1951</u> , and that death occurred at <u>2:10 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Henry Mattay M.D.</u> ADDRESS <u>Crisfield</u> DATE SIGNED <u>4/14/51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Apr. 15, 1951</u>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Asbury Cemetery</u> (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REG. <u>4/15/51</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw Funeral Parlors, Crisfield</u>	

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04108

Reg. Dist. No. 260

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Somerset</i>		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)	
TOWN <i>Princesa Anne Md.</i>		TOWN <i>Princesa Anne Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Somerset Avenue		Somerset Avenue	
3. NAME OF DECEASED (Type or Print)	(First) <i>George</i>	(Middle) <i>Corey</i>	(Last) <i>Ransom</i>
4. DATE OF DEATH	(Month) <i>April</i>	(Day) <i>25</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>Male</i>	<i>white</i>	<i>married</i>	<i>April 19 1884</i>
9. AGE last birthday	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
82 yrs.	<i>Construction Worker</i>	<i>Plymouth, Pennsylvania</i>	<i>United States</i>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<i>Charles Curtis Ransom</i>	<i>Elizabeth Davenport</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO.		
(If yes, give war or dates of service)	<i>none</i>		
17. INFORMANT AND ADDRESS			
<i>Andy Pussey Jr. Anne Md.</i>			
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

*Cardio-respiratory failure*INTERVAL BETWEEN
ONSET AND DEATH*4 hours*

Antecedent cause(s)

*Coronary insufficiency**1 day*Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last*generalized arteriosclerosis**many years*

II. OTHER SIGNIFICANT CONDITIONS

*Dysphacolosis - spine**many years*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURY

m.

INJURY OCCURRED
While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/25/51* to *4/25/51*, 1951, that I last saw the deceasedalive on *4/25/51*, and that death occurred at *9:45 a.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*4/26/51**R. P. Johnson, M.D.**Dale Dashnell - Pa. Anne Md.**W.W. 246*

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APR 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

94109

Item 8:

FAM No. G 1 MAY 14 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH

COUNTY

Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)LENGTH OF STAY
(in this place)

TOWN

Princess Anne, B.F.D.

life

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

none

3. NAME OF
DECEASED

(Type or Print)

(First)
Grover(Middle)
Thomas(Last)
Ross4. DATE
OF
DEATH

April

29

1951

5. SEX

Male

6. COLOR OR RACE
white10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Insurance Collector

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Widowed10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Robert Ross

Life annuities

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY

U.S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | If yes, give war or dates of
service)

no

16. SOCIAL SECURITY NO.

215-12-6034

17. INFORMANT AND ADDRESS

Thomas Ross South River Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Metastasis

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

Antecedent cause(s)

(b) Carcinoma Prostate

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURY

m.

INJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to April 28, 1951, that I last saw the deceasedalive on April 28, 1951, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

5/1/51

John Wesley Chapel

Princess Anne B.F.D. #1

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/28/51

A. S. Johnson, M.D.

Dale Daubell, Jr.

4/28/51

RECEIVED
APR 2 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04110

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Princess Anne		LENGTH OF STAY (in this place) 20 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Antioch Ave.		STREET ADDRESS E. Antioch Ave.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) GLADYS		(First) (Middle) VIRGINIA		(Last) SNEADE	
4. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 9, 1901	9. AGE last birthday 49 yrs.	If under 1 year Months Days Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (State or foreign country) Princess Anne, Maryland	
13. FATHER'S NAME Chester Kelley		14. MOTHER'S MAIDEN NAME Virginia Riggan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Wilson Sneade --- E. Antioch Ave. Princess Anne, Md.	
18. MEDICAL CERTIFICATION					
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a) Coronary insufficiency 420.1 Antecedent cause(s) (b) Essential Hypertension 94a Diseases or conditions, if any, (c) stating the underlying cause last many years</p>					
<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>generalized arteriosclerosis many years</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from 3/1, 1951, to 4/7, 1951, that I last saw the deceased alive on 4/3, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Robert Callcott, M.D. Princess Anne, Md. 4/10/51</p>					
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF Apr. 10, 1951		NAME OF CEMETERY OR CREMATORIAL Episcopal Cemetery	
DATE REC'D BY LOCAL REG. 4/10/51		REGISTRAR'S SIGNATURE R.E. Johnson, M.D.		LOCATION (City, town, or county) (State) Princess Anne, Md.	
24. FUNERAL DIRECTOR		ADDRESS		Bradshaw Funeral Parlors, Crisfield	

RECEIVED

APR 11 1951

BUREAU V. S.

04111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH. COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	
LENGTH OF STAY (in this place) 1 day		STREET ADDRESS Jacksonville section	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) IRVING	(Last) SOMERS
4. DATE OF DEATH Apr. 13, 1951	(Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Jan. 28, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical doctor		10b. KIND OF BUSINESS OR INDUSTRY Physician	9. AGE last birthday 43 yrs.
13. FATHER'S NAME Michael A. Somers		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Annie Ward	
17. INFORMANT AND ADDRESS Mrs. Virginia Somers-Crisfield, Md.		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(a) Acute Dil. of heart - Uremia

(b) acute hepatitis acute Nephritis

about 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month)	(Day)	(Year)	INJURY OCCURRED OF INJURY	While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
m.					

22. I hereby certify that I attended the deceased from Apr. 12, 1951, to Apr. 13, 1951, that I last saw the deceased

alive on Apr. 13, 1951, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

ADDRESS

George C. Culhoun M.D.

marion - md

4/14/51

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Apr. 16, 1951	NAME OF CEMETERY OR CREMATORIAL Sunnridge Cemetery	LOCATION (City, town, or county) Crisfield, Md.	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04112

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH CITY <i>Somerset</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY <i>Maryland</i>	
OR give nearest town) TOWN <i>Marsion Station</i>		STATE <i>Maryland</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Marsion Road</i>		LENGTH OF STAY (in this place)	
3. NAME OF DECEASED (First) <i>Eula</i>		(Middle) <i>C.</i>	
(Type or Print)		(Last) <i>Sudler</i>	
4. DATE OF DEATH <i>April 18 1951</i>		(Month) (Day) (Year)	
SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Oct. 8 - 1869</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9. AGE last birthday If under 1 year Months Days Hours Min. <i>81 yrs. 6 16</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Marsion Station, Md</i>	
13. FATHER'S NAME <i>Thomas J. Handy</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT AND ADDRESS <i>John T. Handy, Cresfeld, Md</i>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>acute dil. of heart</i>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Left Hemiplegia - Cerebral Hem - orophary.</i>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Myocarditis & Chronic Int nephritis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr. 17, 1951</i> , to <i>Apr. 18, 1951</i> , that I last saw the deceased alive on <i>Apr. 17, 1951</i> , and that death occurred at <i>10:00 P.m.</i> , from the causes and on the date stated above. SIGNATURE <i>Suey Sudler</i> ADDRESS <i>Marsion, Md</i> DATE SIGNED <i>4/19/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>April 20, 1951</i>	
DATE REC'D BY LOCAL REG. <i>4/20/51</i>		NAME OF CEMETERY OR CREMATORIAL FAIRMOUNT CEM.	
REGISTRAR'S SIGNATURE <i>Betty Massey</i>		LOCATION (City, town, or county) <i>Fairmount, Md</i>	
24. FUNERAL DIRECTOR <i>Harold L. Coington, Cresfeld, Md</i>		ADDRESS	

Bert. Jones

RECEIVED
APR 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04113

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Eden		LENGTH OF STAY (in this place) 75 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS						(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Rosie	(Middle) Anne	(Last) Willey	4. DATE OF DEATH	(Month) April	(Day) 4	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 4-15-1875	9. AGE last birthday 75	10. IF under 1 year Months	11. If under 24 hrs Days	12. If under 24 hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Washburn		14. MOTHER'S MAIDEN NAME Hariet Ann Hatch					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. no		17. INFORMANT AND ADDRESS Mrs Eva Crouch Eden, Maryland			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Chronic Arachnoiditis for 15 years -							
7220 Antecedent cause(s) (b) Years - I have had them Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 59b							
(c) Paroxysms for more than a year							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) No		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? DATE SIGNED			
22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on and that death occurred at 7:30 A.M. from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 4-7-1951		NAME OF CEMETERY OR CREMATORIAL Allen Cemetery		LOCATION (City, town, or county) Allen, Maryland (State)	
DATE REC'D BY LOCAL REG. 4/7/51		REGISTRAR'S SIGNATURE R. E. Johnson, M.D.		24. FUNERAL DIRECTOR Lewis R. Wilson		ADDRESS Princess Anne, Maryland	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04114

Reg. Dist. No. 261

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Kingston</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Kingston</u> COUNTY <u>Severna Park</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Kingston</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Kingston</u>	
HOSPITAL OR INSTITUTION STREET ADDRESS <u>Home</u>		STREET ADDRESS <u>Home</u> (If rural, give location)	
3. NAME OF DECEASED <u>Pauline L. Young</u>	(First)	(Middle)	(Last)
4. DATE OF DEATH <u>April 7, 1951</u>	(Month)	(Day)	(Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>January 1, 1880</u>
9. AGE last birthday yrs. <u>74</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kingston Md</u>
12. CITIZEN OF WHAT COUNTRY? <u>None</u>	13. FATHER'S NAME <u>Henry Young</u>		
14. MOTHER'S MAIDEN NAME <u>Carolyn Whittington</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. CEMETERY AND ADDRESS <u>Carolyn Whittington, Kingston</u>	
18. MEDICAL CERTIFICATION <u>Marosinus</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 773.0 Immediate cause <u>Marosinus</u> 158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE <u>None</u>	PLACE (Home, farm, factory, street, OF INJURY <u>Home</u>	(CITY OR TOWN) <u>Kingston</u> (COUNTY) <u>Severna Park</u> (STATE) <u>Md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased <u>at where I called</u> , that I last saw the deceased alive on <u>April 7, 1951</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above. SIGNATURE <u>H. A. Gosselour, M.D.</u> ADDRESS <u>411 N. Charles St., Baltimore, Md.</u> DATE SIGNED <u>April 7, 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 8, 1951</u>	NAME OF CEMETERY OR CREMATORIUM <u>Wesley Cemetery</u>	LOCATION (City, town, or county) <u>Marian, Maryland</u>
DATE REC'D BY LOCAL REG. <u>April 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>George Tilghman</u>	ADDRESS

